PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/597290

									10	2	1010		
CLAIMS AS FILED - PART I								SMALL ENT	TITY	OR	OTHER SMALL E		
			(Column	1)		Column 2)	l i			1			
U.S	. NATIONAL S	STAGE FEES	·					RATE	FEE		RATE	FEE	
BAS	IC FEE		SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE	150	OR	BASIC FEE		
EXA	MINATION FE	E	Satisfies PCT Article 33(1)- (4) = \$50 / \$100		\$ 100 / \$ 200			EXAM. FEE	100		EXAM. FEE		
SEA	RCH FEE		U.S. is ISA = \$5 ALL other count \$ 200 / \$ 40	tries =	ALL other situations = \$ 250 / \$ 500			SEARCH FEE	260		SEARCH FEE		
FEE	FOR EXTRA S	PEC. PGS.	minus 100 =		/ 50 =		٠	X \$ 130 =	1		X \$ 260 =) · · (
TOT	AL CHARGEAE	BLE CLAIMS	Ø minι	us 20 =	*			X \$ 25 =		OR	X \$ 50 =		
IND	EPENDENT CL	AIMS	mir mir	nus 3 =	*			X \$ 105 =		OR	X \$ 210 =		
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 185 =	ŀ	OR	+ \$ 370 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X \$ 25 =		OR	X \$ 50 =	•	
	Independent	*	Minus .	***		=		X \$ 105 =		OR	X \$ 210 =		
. (FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 185 =		OR	+ \$ 370 =		
		•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colur	mn 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 105 =	÷	OR	X \$ 210 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 185 =		OR	+ \$ 370 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".								· ·					
***	If the "Highest Nu	imber Previously Pa	id For' IN THIS SPA d For" (Total or Inde	ACE is les	s than '3'	, enter "3".	in th	e appropriate box	x in column 1				